Appendix 7 Sample Prior Authorization Psychotherapy Attachment (PA/PSYA)

E.D Pric Suit 640	IL TO: a.S. Federal Corporation or Authorization Unit e 88 b Bridge Road dison, WI 53784-0088	PA/PSYA PRIOR AUTHORIZATIO PSYCHOTHERAPY ATTACH		Complete this f Attach to PA/R Authorization F Attach physician Attach addition if necessary. Mail to EDS	F (Prior Request Form) n prescription.	
RECIPIENT INFORMATION						
(1)		(2)	(3)	(4)	(5)	
l	RECIPIENT 26 Last Name	IMA First Name	D MI	Medical Ass Identification	sistance Age	
PRO	OVIDER INFORMATION				**********	
(6)		(7)	(8)		\sim	
I.M. PERFORMING Performing Provider		Performing Provider #	(555) 555- Performing	-3333 Othe	MSW(MS)MD PHD DO PSYCH Other: Discipline (circle one)	
ľ	Vame	J	Telephone	Number	ipinie (circle one)	
(9)		(10)	(11)	(12)	,	
_	.M. SUPERVISING		I.M. PRESC		01234567	
	ame	Supervising Provider's Number	Prescribing Name	Provider's	Prescribing Provider's Number	
A.	A. Diagnosis: DSM-IV Axis I: a) major depression, recurrent, Axis IV: 1 2 3 4 5 6 7 8 9 0 in partial 296.35 remission (optional) b) Adjustment disorder with depressed mood. 309.00 Axis V: (past year) Axis II: Rule out Histrionic (optional) Axis III: none B. Date Treatment Began: MM/DD/YYYY with this provider.					
C.	Diagnosed By: X Clini	cal Exam Psychological Testin	ng X Other	(specify): MAST H	ookings Symptom	
D.	**					
E.	Result(s) of Consultation: Medication & assessed for ability to progress in psychotherapy which was seen as positive.					
F.	Presenting Symptoms: Insomnia, anergy: suicidal ideation, history of 1 attempt 2 years ago, much guilt and self reproach.					
	Severity: Mild _X Moderate Severe					
G.	Is the recipient's intellectual functioning significantly below average? Yes _X No					
H.	If yes to "G", what is the recipient's IQ score or intellectual functioning level? N/A					
I.	Historical Data. Give relevant social and school history including development (if under 18), treatment history, past					

Ima is from a step-family home with the stepfather being "alcoholic." She was 14 years old when her stepbrother committed suicide. Reported history of physical & sexual abuse in family of origin. Long history of depressed mood. Diagnosed as having major depression 1 year ago when hospitalized at Anytown Hospital in Anytown, WI (MM/DD/YY-MM/DD/YY). No further treatment history. Seeking out help at this time due to husband being accused of abusing her 3 children. At time of hospitalization, reported being very suicidal & having some auditory hallucinations. Denies substance abuse usage. Currently well-groomed, pleasant, no signs of psychomotor retardation. Thought and speech intact. Very tearful. Admits suicidal thoughts; no plans. Oriented in all spheres.

mental status, diagnosis(es), etc. (attach additional sheets if necessary):

Appendix 7 (Continued)

J.	Present GAF (DSM): $\underline{50}$ Is the recipient progressing in treatment? \underline{X} Yes $\underline{\hspace{0.5cm}}$ No If "no", explain:						
	Present mental status/symptomatology (include progress since treatment was initiated, or since last authorization): Since treatment started 4 weeks ago, recipient is able to sleep most of the night. Continues to be tearful & hurt about abuse situation. Having more energy to care for self. Some lack of appetite continues. Periods of anxiety are often noted.						
L.	Updated/historical data (family dynamics, living situation, etc.):						
	Client is considering divorce. Still separated at this time. Client's 3 children live with her and this has increased stress. We will begin to see her with children on an as-needed basis.						
M.	Treatment Modalities: X Psychodynamic Behavior Modification Biofeedback Other (specify):						
N.	Number of minutes per session: Individual: 60 Group: Family:						
O.	Frequency of requested sessions: monthly X once/week X twice/month other (specify):						
P.	Total number of sessions requested: <u>13 Indi</u> vidual 6 Family (as needed)						
Q.	e. Psychoactive Medication: X Yes No Has there been a medication check in the past three months? X Yes No						
	Names and dosage(s): Desipramine 150 mg h.s. and 200 mg Dilantin for seizure disorder (total daily dose).						
R.	 Rationale for further treatment: Continues to have many life stressors (i.e., separation, child abuse). Ongoing mild suicidal risk. Beginning to explore own decisions around divorce with these stressors. Therapy is essential to prevent rehospitalization. 						
S.	 Goals/objectives of treatment: Continue to support & monitor mood; promote a positive self-image. Continue to help in dealing with stress through teaching cognitive and relaxation techniques for stress management. Increase self-awareness of own past abuse and its relationship to current reality. 						
T.	What steps have been taken to prepare recipient for termination of treatment: Have referred recipient to ongoing self-help group to deal with past issues around family alcoholism. It is too early to start termination process at this time; however, we have discussed the time-limited nature of the psychotherapy and have set a goal of terminating in 6 months.						
U.	Do you see other family members in a separate process? If yes, give rationale for seeing multiple family members: No, not at this time. A family session for diagnostic purposes is planned in the near future.						
=	I.M. Provider J.M. authorized MM/DD/YYYY						
Sig	nature of Performing Provider Recipient Signature (optional) Signature of Supervising Provider Date						